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06/04/2004

WILSON SONSINI GOODRICH & ROSATI
650 PAGE MILL ROAD
PALO ALTO, CA 943041050

08/26/2004 EAREGAY2 00000059 232415 09855945

01 FC:2501 665.00 DA
 02 FC:8001 30.00 DA

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Annette Palladino	(Depositor's name)
Annette Palladino	(Signature)
8/24/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/855,945	05/14/2001	Clifton A. Alferness	1931-2	1454

TITLE OF INVENTION: MITRAL VALVE THERAPY DEVICE, SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO Yes	\$1330 665.00	\$300	\$1630 965.00	09/07/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
CHATTOPADHYAY, URMI		3738	623-002360		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Wilson Sonsini
 2. Goodrich & Rosati
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cardiac Dimensions, Inc. Kirkland, WA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

James R. Shay, Reg. No. 32,062

(Authorized Signature)

(Date)

8/24/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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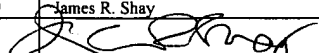
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FEE TRANSMITTAL for FY 2004 Effective 10/01/2003 Patent fees are subject to annual revision.		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	
		09/855,945	
		Filing Date	
		May 14, 2001	
		First Named Inventor	
		Alferness	
Examiner Name		U. Chattopadhyay	
Art Unit		3738	
Attorney Docket No.		29912-702.201	
TOTAL AMOUNT OF PAYMENT		(\$) 965.00	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																			
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* Reduced by Basic Filing Fee Paid

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	James R. Shay	Registration No. (Attorney/Agent)	32,062
Signature		Telephone	650-493-9300
		Date	8/24/04

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